



ASPAN

American Society of PeriAnesthesia Nurses

Membership Application

STEP 1 – COMPLETE GENERAL INFORMATION

Please provide all information requested.

Name: _____ Credentials: _____

[first, middle, last, and credentials – include degrees, licenses (e.g., RN), and certifications]

Home Address: _____

City: _____ State: _____ Zip: _____

Home Email*: _____ Date of Birth:(mm/dd/yy) _____

Home Phone: _____ Cell Phone: _____

Employer (required): _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Work Email*: _____ Work Phone: _____

Please check your contact preferences in each category:

Email: ☐ Home Email ☐ Work Email **Phone:** ☐ Home Phone ☐ Work Phone ☐ Cell Phone **Mail:** ☐ Home Address ☐ Work Address

How did you hear about ASPAN? ☐ Colleague ☐ Internet ☐ Seminar ☐ JoPAN ☐ Other _____

Were you recruited by an ASPAN member? ☐ Yes ☐ No

If yes, please provide member name: _____

Remember, ASPAN has a Recruiter of the Year award.

*At least one email address is required. Email addresses are not sold or used for other than ASPAN business/updates. As a benefit of membership, ASPAN will occasionally provide information on products or services we feel would be useful to our members. Please check here if you do not wish to receive such email notices: ☐

STEP 2 – SELECT MEMBERSHIP TYPE, COMPONENT, AND SPG (if desired). There are five categories of MEMBERSHIP. Membership is for 12 months, starting from date of activation.

Rates effective August 1, 2026.*

- ☐ **\$110.00 ACTIVE MEMBERS** shall be nurses involved, at least part-time, in the care of ambulatory surgery, preanesthesia or postanesthesia, or pain management patients, or in the management, teaching, or research of the same. Active members have the right to hold office and serve on committees/SWTs. ACTIVE MEMBERS MUST JOIN A LOCAL COMPONENT.
- ☐ **\$155.00 AFFILIATE MEMBERS** shall be any healthcare professional, not currently working in perianesthesia nursing, who has an interest in perianesthesia patient care. Affiliate members receive the journal and Breathline and notices but shall not vote, be eligible to hold office, or serve on committees/SWTs. Affiliate members are not required to join a component.
- ☐ **\$125.00 INTERNATIONAL MEMBERS** shall be any duly licensed healthcare professionals who have an interest in perianesthesia patient care and reside outside of the United States and Bermuda. International members shall receive all publications and notices but shall not vote, be eligible to hold office, or serve on committees/SWTs.
- ☐ **\$70.00 RETIRED MEMBERS** shall be those nurses who have ceased their active practice by reason of retirement or permanent disability. They shall have the right to serve on committees/SWTs. They cannot earn contact hours through ASPAN. RETIRED MEMBERS MUST JOIN A LOCAL COMPONENT.
- ☐ **\$70.00 STUDENT MEMBERS** shall be those enrolled in a school of nursing and not currently licensed as nurses. Student members receive the journal and Breathline and notices but shall not vote, be eligible to hold office, or serve on committees/SWTs. Student members must join a local component and provide name of nursing school and copy of student ID.

MEMBERSHIP DUES TOTAL: \$ _____

*ASPAN reserves the right to change its membership rates

SELECT COMPONENT

A component is the organization for your state or group of states. Component membership is MANDATORY for all but Affiliate and International categories. You may choose to belong to more than one component. Please check all component(s) you want to join.

- | | | | |
|--|--|--|--|
| ☐ \$25.00 Alabama (ALAPAN) | ☐ \$30.00 Kentucky (KSPAN) | ☐ \$45.00 New Jersey/Bermuda (NJBPANA) | ☐ \$30.00 Rocky Mountain (RMPANA) (Includes: CO, WY, NE) |
| ☐ \$35.00 Arizona (AZPANA) | ☐ \$40.00 Louisiana (LAPAN) | ☐ \$35.00 New Mexico (PANANM) | ☐ \$30.00 South Carolina (SCAPAN) |
| ☐ \$40.00 California (PANAC) | ☐ \$35.00 Maine (MESPAN) | ☐ \$30.00 New York (NYSPAN) | ☐ \$30.00 Tennessee (TSPAN) |
| ☐ \$30.00 Chesapeake Bay (CBSPAN) (Includes: MD, DE, DC) | ☐ \$30.00 Massachusetts (MASPAN) (Includes: MA/RI) | ☐ \$30.00 North Carolina (NCAPAN) | ☐ \$40.00 Texas (TAPAN) (Includes: TX, AR) |
| ☐ \$35.00 Connecticut (CSPAN) | ☐ \$35.00 Michigan (MAPAN) | ☐ \$30.00 Ohio (OPANA) | ☐ \$25.00 Utah (USPAN) |
| ☐ \$45.00 Florida (FLASPAN) | ☐ \$35.00 Minnesota/Dakota (MNDKASPAN) | ☐ \$30.00 Oklahoma (OSPAN) | ☐ \$35.00 Vermont/New Hampshire |
| ☐ \$35.00 Georgia (GAPAN) | ☐ \$30.00 Mississippi (MSPAN) | ☐ \$25.00 Pennsylvania (PAPAN) | ☐ \$25.00 Virginia (VSPAN) |
| ☐ \$30.00 Hawaii (HIPAN) | ☐ \$25.00 Missouri/Kansas (MOKANPANA) | ☐ \$40.00 Northwest (NPANA) (Includes: AK, ID, MT, OR, WA) | ☐ \$25.00 West Virginia (WVSPAN) |
| ☐ \$25.00 Illinois (ILSPAN) | ☐ \$30.00 Nebraska (NAPAN) | | ☐ \$35.00 Wisconsin (WISPAN) |
| ☐ \$30.00 Indiana (INSPAN) | ☐ \$30.00 Nevada (NevPANA) | | |
| ☐ \$30.00 Iowa (ISPAN) | | | |

COMPONENT DUES TOTAL: \$ _____

(IF MORE THAN ONE COMPONENT SELECTED, PLEASE TOTAL ALL.)

SELECT SPECIALTY PRACTICE GROUPS (SPG)

Membership in these groups is optional.

- | | |
|--|--|
| ☐ Advanced Degree (must be Master's prepared or in Master's program to join) | ☐ Pediatric |
| ☐ Management | ☐ Perianesthesia Nursing |
| ☐ Pain Management | ☐ Professional Development |
| | ☐ Preoperative Assessment |

The purpose of ASPAN's Specialty Practice Groups (SPG) is to bring together sub-specialty nurses who share a special practice in perianesthesia nursing. SPGs are member-driven and offer a variety of networking and educational opportunities, serve as a resource on practice and professional issues, and facilitate research within the organization.

MEMBERSHIP DUES: \$ _____

(from previous page)

COMPONENT TOTAL: \$ _____

Add Membership & Component dues

TOTAL DUE: \$ _____

Dues include a non-deductible allocation of \$26.00 for JoPAN.

STEP 3 – PROVIDE PAYMENT INFORMATION

Payment Method (ASPAN Federal Tax ID#: 06-1024058)

Check Enclosed. Check #: _____ Make checks payable to: **ASPAN.**

Credit Card (select one): ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Name as Appears on Card: _____

Card Number: _____

Expiration Date: (mm/yy) _____

Authorized Signature: _____

Date: _____